PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2004

Application or Docket Number

6/647386

CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER THAN		
TOTAL OLABAD			(Colum	in 1)	(Col	umn 2)	TYPE	TYPE			OR SMALLEN			
TOTAL CLAIMS							RAT	Έ	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	\$375	OR	BASIC FEE	\$750		
TOTAL CHARGEABLE CLAIMS			minus 20=		*	·	X\$ 9	9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		*		X43	=		OR	X86=			
MULTIPLE DEPENDENT CLAIM P			PRESENT	•	•			-		_	ļ			
* [1	the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2	+14.5 TOT/			OR	+290=			
	CLAIMS AS AMENDED - PART II							[∤] L	·.	OR	TOTAL	<u> </u>		
1404 (Column 1)				(Colum		(Column 3)	SMA	LL E	NTITY	OR	OTHER SMALL			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL		
	Total	* 12	Minus	PAID I		=	X\$ 9	=	FEE	OR	X\$18=	FEE		
	Independent	. 2	Minus	***	<u> </u>	=	X43:			OR	X86=	-		
<u> </u>	PIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+145	_		OR	+2 9 0=			
				,			TOT ADDIT. F				TOTAL			
	(Column 1) (Column 2) (Column 3)							tt L		10	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA	RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=			
	Independent	<u> </u>	Minus	***		=-	X43=	7		OR	X8 6 =			
	FIRST PRESE	JLTIPLE DEI	TIPLE DEPENDENT CL				╅		l	200				
						•	+145= TOT/			OR	+290=	 		
							ADDIT. FE			OR A	TOTAL DDIT. FEE	·		
_	The state of the state	(Column 1) CLAIMS	manually being	(Colum HIGHE		(Column 3)				_				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RATE	•	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=	T		OR	X\$18=			
	Independent	*	Minus	***	·	=	X4 3 =	╁		- -	X86=			
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		//-3-	╀		OR	, CO=			
* If the entry in patients of interesting the state of th										OR	+2 90 =			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE			
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the	highest number t	found in the a	ррго	priate box	in colur	mn 1.			